



Commonwealth of Virginia
Department of Mines, Minerals and Energy
Division of Gas and Oil
P.O. Box 1416; Abingdon, VA 24212
Telephone: (276) 676-5423

Operations Name: _____
Permit Number: _____

PLUGGING AFFIDAVIT

STATE OF: _____ CITY/COUNTY OF: _____
Name: _____ AND Name: _____

I being first duly sworn, depose and say that: They are both experienced in the plugging of wells and participated in the plugging work which is the subject of this Affidavit on the referenced well.

THE PLUGGING WORK WAS FOR THE PURPOSE CHECKED BELOW:

- ☐ At the end of production or other use
☐ After drilling, re-drilling or deepening was unsuccessful
☐ Partial plugging from the bottom of the hole to _____ feet below the surface and continued operations by the well operator
☐ Partial plugging from the bottom of the hole to _____ feet below the surface for development as a water well
☐ Re-plug
☐ Plugging of a corehole

THE MANNER OF PLUGGING OR RE-PLUGGING WAS COMMENCED ON _____
AND COMPLETED ON _____

PLUGGING DETAILS:

TYPES OF MATERIAL USED:

Interval From Bottom Of Hole From To	Formation(S)	Plugging	Filling	Bridge	Open Hole	Casing Size	Filled Liner

(ATTACH PLUGGING DETAILS IN THIS FORMAT AND A WELL SCHEMATIC ON SEPARATE SHEETS)

Finally, if this affidavit concerns a well that was abandoned after plugging, a permanent marker or permanent offset marker _____ has or _____ has not been erected.

First Signature: _____ Date: _____
Second Signature: _____ Date: _____

Notary:
Subscribed and sworn to before me a notary public, in and for the _____ County,
_____ State, this _____ day of _____
(month) (year)

Notary Signature My Commission Expires: _____